

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**In the Matter of the Petition
Against:**

A.K.AMIR-JAHED, M.D.

**Physician's and Surgeon's
Certificate No. A 41879**

Respondent.

Case No. D1-1998-083221

DECISION

**The attached Stipulated Surrender of License and Order is hereby
adopted as the Decision and Order of the Medical Board of California,
Department of Consumer Affairs, State of California.**

This Decision shall become effective at 5:00 p.m. on September 30, 2011

IT IS SO ORDERED September 23, 2011

MEDICAL BOARD OF CALIFORNIA

By:



**Linda K. Whitney
Executive Director**

1 KAMALA D. HARRIS
Attorney General of California
2 GLORIA L. CASTRO
Supervising Deputy Attorney General
3 DOUG KNOLL
Deputy Attorney General
4 State Bar No. 077040
300 So. Spring Street, Suite 1702
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Attorneys for Complainant

7
8 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
9 **STATE OF CALIFORNIA**

10 In the Matter of the Petition Against:

11 **A.K. AMIR-JAHED, M.D.**
12 **1840 S. Beverly Glen Boulevard, # 507**
13 **Los Angeles, CA 90025**
Physician's & Surgeon's Certificate
14 **No. A 41879**

15 Respondent.

Case No. D1-1998-083221

OAH No. 2011050836

STIPULATED SURRENDER OF
LICENSE AND ORDER

16
17 IT IS HEREBY STIPULATED AND AGREED by and between the parties in this
18 proceeding that the following matters are true:

19 PARTIES

20 1. Linda K. Whitney (Complainant) is the Executive Director of the Medical Board of
21 California. She brought this action solely in her official capacity and is represented in this matter
22 by Kamala D. Harris, Attorney General of the State of California, by Doug Knoll, Deputy
23 Attorney General.

24 2. Abasali K. Amir-Jahed, M.D. (Respondent) is represented in this proceeding by
25 attorney John D. Harwell. On or about July 9, 1985, the Medical Board of California issued
26 Physician's and Surgeon's Certificate No. A 41879 to Respondent. The Physician's and Surgeon's
27 Certificate was in full force and effect at all times relevant to the charges brought in Petition to
28 Revoke Probation No. D1-1998-083221 and bears an expiration date of March 31, 2011.

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8. Respondent admits the truth of the charges in the Twenty-Fourth Cause to Revoke Probation, in the Petition.

9. As to the remaining Causes to Revoke Probation, in the Petition, Respondent understands that the charges and allegations therein, if proven at a hearing, would constitute cause for revoking Respondent's current probation and imposing further discipline upon his Physician's and Surgeon's Certificate.

10. Respondent agrees that cause exists for discipline and hereby surrenders his Physician's and Surgeon's Certificate No. A 41879 for the Board's formal acceptance.

11. Respondent understands that by signing this stipulation he enables the Board to issue an order accepting the surrender of his Physician's and Surgeon's Certificate without further process.

CONTINGENCY

12. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and surrender, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Surrender and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

13. The parties understand and agree that facsimile copies of this Stipulated Surrender of License and Order, including facsimile signatures thereto, shall have the same force and effect as the originals.

14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Order:

ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 41879, issued to Respondent Abasali K. Amir-Jahed, M.D., is surrendered and accepted by the Medical Board of California.

15. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Board.

16. Respondent shall lose all rights and privileges as a Physician & Surgeon in California as of the effective date of the Board's Decision and Order.

17. Respondent shall cause to be delivered to the Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Decision and Order.

18. If Respondent ever files, with the Board, an application for licensure or a petition for reinstatement, the Board shall treat it as a petition for reinstatement. In that event, Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked license in effect at the time the petition is filed, and all of the charges and allegations contained in Petition No. D1-1998-083221 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

19. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, with any other health care licensing agency in the State of California, all of the charges and allegations contained in Petition No. D1-1998-083221 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

ACCEPTANCE

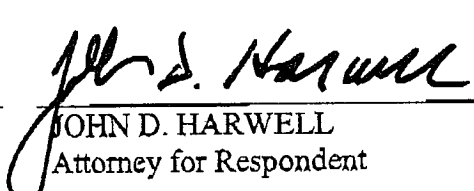
I have carefully read the above Stipulated Surrender of License and Order and have fully discussed it with my attorney, John D. Harwell. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED:

Sept. 10, 2011
ABASALI K. AMIR-JAHED, M.D.
Respondent

I have read and fully discussed with Respondent Abasali K. Amir-Jahed, M.D. the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED:

9/10/11
JOHN D. HARWELL
Attorney for RespondentENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

Dated: August 29, 2011

Respectfully submitted,

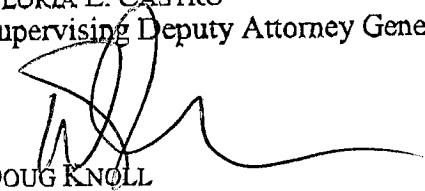
KAMALA D. HARRIS
Attorney General of California
GLORIA L. CASTRO
Supervising Deputy Attorney General
DOUG KNOLL
Deputy Attorney General
Attorneys for ComplainantLA2011500248
50960491.doc

Exhibit A

Petition No. D1-1998-083221

1 KAMALA D. HARRIS
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Attorneys for Petitioner

7
8 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
9 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

10 In the Matter of the Petition Against,

Case No. D1-1998-083221

11 ABASALI KOOROSH AMIR-JAHED, M.D.
12 1840 S. Beverly Glen Boulevard, # 507
13 Los Angeles, CA 90025

FIRST AMENDED
PETITION TO REVOKE PROBATION

14 Physician and Surgeon's
Certificate No. A 41879

15 Respondent

16
17 Petitioner alleges:

18 PARTIES

19 1. Linda K. Whitney (Petitioner) brings this Petition to Revoke Probation solely in her
20 official capacity as the Executive Director of the Medical Board of California, Department of
21 Consumer Affairs.

22 2. On or about July 9, 1985, the Medical Board of California ("Board") issued
23 Physician's and Surgeon's Certificate Number A 41879 to Abasali K. Amir-Jahed, M.D.
24 (Respondent). The Physician's and Surgeon's Certificate was in effect at all times relevant to the
25 charges brought herein and will expire on March 31, 2013, unless renewed.

26 3. In a disciplinary action entitled "In the Matter of Accusation Against Abasali K.
27 Amir-Jahed, M.D.," Case No. 18-1998-83221, the Board, pursuant to a Stipulated Settlement and
28 Disciplinary Order executed on April 2, 2002, issued a Decision and Order ("Decision"),

1 effective September 9, 2002, in which Respondent's Physician's and Surgeon's Certificate was
2 revoked. However, the revocation was stayed and Respondent's Physician's and Surgeon's
3 Certificate was placed on probation for a period of ten (10) years with eighteen (18) conditions
4 which Respondent must, at all times during probation, be in full compliance with in order to
5 successfully complete probation. A copy of the Decision is attached as Exhibit A and is
6 incorporated by reference. Probation was set to end on September 9, 2012.

7 JURISDICTION

8 4. This Petition to Revoke Probation is brought before the Board under the authority of
9 the above-referenced Decision and the following laws. All "section" references are to the
10 Business and Professions Code unless otherwise indicated.

11 5. Condition No. 7 of the Decision ("Monitoring") requires that Respondent's practice,
12 during the course of probation, be monitored by a Board-approved "physician in respondent's
13 field of practice, who shall provide periodic reports" to the Board.

14 6. Condition No. 9 of the Decision ("Obey All Laws") states, *inter alia*:

15 "Respondent shall obey all federal, state and local laws (and) remain in full compliance
16 with all rules governing the practice of medicine in California."

17 7. Condition No. 15 of the Decision ("Violation of Probation") states, *inter alia*:

18 "If respondent violates probation in any respect, the (Board), after giving respondent notice
19 and an opportunity to be heard, may revoke probation and carry out the disciplinary order that
20 was stayed."

21 8. Condition No. 16 of the Decision ("Cost Recovery") states:

22 "The respondent is hereby ordered to reimburse the (Board) the amount of \$56,711.10, of
23 which \$1,752.90 is directly due and payable to the Attorney General's Office for its copying
24 costs, within ninety (90) days of the effective date of this decision, for its investigative and
25 prosecution costs. The remaining costs may be paid in equal annual installments over the course
26 of respondent's probation. Failure to reimburse the (Board's) cost of investigation and
27 prosecution shall constitute a violation of the probation order, unless the (Board) agrees in writing
28 to payment by an installment plan because of financial hardship. The filing of bankruptcy by the

1 respondent shall not relieve the respondent of his responsibility to reimburse the (Board) for its
2 investigative and prosecution costs.”

3 9. Section 2004 of the Code states, *inter alia*:

4 "The board shall have the responsibility for the following:

5 "(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice
6 Act.

7 "(b) The administration and hearing of disciplinary actions.

8 "(c) Carrying out disciplinary actions appropriate to findings made by a panel or an
9 administrative law judge.

10 "(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of
11 disciplinary actions.

12 "(e) Reviewing the quality of medical practice carried out by physician and surgeon
13 certificate holders under the jurisdiction of the board.

14 10. Section 2234 of the Code states, *inter alia*:

15 “The Division of Medical Quality¹ shall take action against any licensee who is charged
16 with unprofessional conduct. In addition to other provisions of this article, unprofessional
17 conduct includes, but is not limited to, the following:

18 “(b) Gross negligence.

19 “(c) Repeated negligent acts.

20 “(d) Incompetence.

21 “(e) The commission of any act involving dishonesty or corruption which is substantially
22 related to the qualifications, functions, or duties of a physician and surgeon.”

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26 ¹ Business and Professions Code section 2002, effective January 1, 2008, provides that,
27 unless otherwise expressly provided, the term “board” as used in the State Medical Practice Act
28 (Bus. & Prof. Code, section 2000, et seq.) means the “Medical Board of California,” and
references to the “Division of Medical Quality” and “Division of Licensing” in the Act or any
other provision of law shall be deemed to refer to the Board.

1 11. Section 2238 of the Code states:

2 "A violation of any federal statute or federal regulation or any of the statutes or regulations
3 of this state regulating dangerous drugs or controlled substances constitutes unprofessional
4 conduct."

5 12. Section 2266 of the Code states:

6 "The failure of a physician and surgeon to maintain adequate and accurate records relating
7 to the provision of services to their patients constitutes unprofessional conduct."

8 13. Health and Safety Code section 11000, et. seq., is known as the "California Uniform
9 Controlled Substances Act." Section 11007 of that Act defines "controlled substance" as "a drug,
10 substance, or immediate precursor which is listed in any schedule in Section 11054 [Schedule I],
11 11055 [Schedule II], 11056 [Schedule III], 11057 [Schedule IV], or 11058 [Schedule V]."

12 14. Health and Safety Code section 11026 defines a "practitioner" as a "person licensed,
13 registered or otherwise permitted, to distribute, dispense, conduct research with respect to, or
14 administer a controlled substance in the course of professional practice or research in this state."

15 15. Health and Safety Code section 11152 provides that "[n]o person shall write, issue,
16 fill, compound, or dispense a prescription that does not conform to this division."

17 16. Health and Safety Code section 11153 states, *inter alia*:

18 "(a) A prescription for a controlled substance shall only be issued for a legitimate medical
19 purpose by an individual practitioner acting in the usual course of his or her professional practice.

20 "(b) Any person who knowingly violates this section shall be punished by imprisonment in
21 the state prison or in the county jail not exceeding one year, or by a fine not exceeding twenty
22 thousand dollars (\$20,000), or by both fine and imprisonment."

23 17. Health and Safety Code section 11171 states:

24 "No person shall prescribe, administer, or furnish a controlled substance except under the
25 conditions and in the manner provided by this division."
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1 18. Health and Safety Code section 11190 states, *inter alia*:

2 “(a) Every practitioner, other than a pharmacist, who prescribes or administers a controlled
3 substance classified in Schedule II shall make a record that, as to the transaction, shows all of the
4 following:

5 (1) The name and address of the patient.

6 (2) The date.

7 (3) The character, including the name and strength, and quantity of controlled substances
8 involved.

9 “(b) The prescriber’s record shall show the pathology and purpose for which the controlled
10 substance was administered or prescribed.”

11 19. Health and Safety Code section 11191 states:

12 “The record shall be preserved for three years. Every person who violates any provision of
13 this section is guilty of a misdemeanor.”

14 20. Health and Safety Code section 11210 states, *inter alia*:

15 “The physician...shall prescribe, furnish or administer controlled substances only when in
16 good faith he or she believes the disease, ailment, injury, or infirmity requires the treatment.

17 “The physician...shall prescribe, furnish, or administer controlled substances only in the
18 quantity and for the length of time as are reasonably necessary.”

19 21. Title 21, sections 807 through 971 of the United States Code (“U.S.C.”) are known as
20 the “Controlled Substances Act.” Section 802 of that Act defines a “controlled substance” as “a
21 drug or other substance, or immediate precursor, included in schedule I, II, III, IV or V of part B
22 of this subchapter.”²

23 22. 21 U.S.C. section 822 states, *inter alia*:

24 “(a) (2) Every person who dispenses, or who proposes to dispense, any controlled
25 substance, shall obtain from the Attorney General a registration issued in accordance with the

26
27 ² Note: The current lists of controlled substances in the five the schedules are now
28 published annually and are set forth in the Drug Enforcement Administration (“DEA”) Regulations, Title 21, Code of Federal Regulations (“CFR”), sections 1308.11 through 1308.15.

1 rules and regulations promulgated by him. The Attorney General shall, by regulation, determine
2 the period of such registrations. In no event, however, shall such registrations be issued for less
3 than one year nor more than three years.”

4 23. 21 U.S.C. section 823 states, *inter alia*:

5 “(f) The Attorney General shall register practitioners...to dispense...controlled substances
6 in schedule II, III, IV or V, if the applicant is authorized to dispense...controlled substances under
7 the laws of the State in which he practices. The Attorney General may deny an application for
8 such registration if he determines that the issuance of such registration would be inconsistent with
9 the public interest.”

10 24. Title 21, CFR, Parts 1300 through 1321 consist of DEA regulations enacted pursuant
11 to the Controlled Substances Act.

12 25. 21 CFR section 1300.01 defines “individual practitioner” as “a physician...licensed,
13 registered or otherwise permitted, by the United States or the jurisdiction in which he/she
14 practices, to dispense a controlled substance in the course of professional practice.”

15 26. 21 CFR section 1301.11 states, *inter alia*:

16 “(a) Every person who...dispenses...any controlled substances or who proposes to engage
17 in the...dispensing...of any controlled substance shall obtain a registration unless exempted by
18 law or pursuant to sections 1301.22 through 1301.26.”

19 27. 21 CFR section 1306.03 states, *inter alia*:

20 “(a) A prescription for a controlled substance may be issued only by an individual
21 practitioner who is:

22 (1) Authorized to prescribe controlled substances by the jurisdiction in which he is
23 licensed to practice his profession and

24 (2) Either registered or exempted from registration pursuant to sections 1301.22(c) and
25 1301.23 of this chapter.”

26 28. 21 CFR section 1306.04 states, *inter alia*:

27 “(a) A prescription for a controlled substance to be effective must be issued for a legitimate
28 medical purpose by an individual practitioner acting in the usual course of his professional

1 practice.... An order purporting to be a prescription issued not in the usual course of professional
2 treatment or in legitimate and authorized research is not a prescription within the meaning and
3 intent of section 309 of the Act (21 U.S.C. section 829) and the person knowingly filling such a
4 purported prescription, as well as the person issuing it, shall be subject to the penalties provided
5 for violations of the provisions of law relating to controlled substances.”

6 29. 21 CFR section 1306.12 states, *inter alia*:

7 “(a) The refilling of a prescription for a controlled substance listed in Schedule II is
8 prohibited.”

9 FIRST CAUSE TO REVOKE PROBATION

10 (Unprofessional Conduct: Violations of Law/Unlawful Prescribing/Dishonest Acts)

11 30. Respondent’s probation is subject to revocation because he failed to comply with
12 Condition No. 9, referenced above. The facts and circumstances regarding this violation are as
13 follows:

14 A. After twenty-four (24) years of practicing various types of medicine in California,
15 including general surgery, plastic surgery and laser cosmetic surgery, Respondent, in the first
16 quarter of 2009, accepted a salaried position at the Good Care Medical Clinic in Van Nuys,
17 California (the “Van Nuys Clinic”), a “pain management” practice ostensibly owned by Melvin
18 Lewis, M.D., a psychiatrist. Respondent was paid five thousand dollars (\$5,000.00) per month in
19 cash with no taxes withheld.

20 B. During the second quarter of 2009, Respondent also began working at another clinic
21 ostensibly owned by Dr. Melvin Lewis, called the Reseda Medical and Diagnostic Center, and
22 located in Reseda, California (the “Reseda Clinic”). Respondent continued to receive a salary of
23 five thousand dollars (\$5,000.00) per month in cash with no taxes withheld. Respondent
24 presently continues to practice at the Reseda Clinic and/or the Van Nuys Clinic.

25 C. When Respondent, in mid-2008, was considering working at the Van Nuys Clinic and
26 the Reseda Clinic, he knew that he would have to prescribe Schedule II narcotic drugs. At that
27 time, his DEA registration (BA 8326642) did not authorize him to prescribe Schedule II
28 narcotics. Nevertheless, on or about June 19, 2008, he authorized Anush Dartyan, the manager of

1 both the Van Nuys Clinic and the Reseda Clinic, to apply, in writing, to Superior Press, in Santa
2 Fe Springs, California, for the printing of security prescription pads (“duplicate pads”), bearing
3 Respondent’s name, Board license number and DEA registration number, to be used in
4 prescribing Schedule II narcotics. Respondent signed two applications, one requesting one
5 thousand (1,000) duplicate pads, bearing the Van Nuys Clinic’s address, and one requesting one
6 thousand (1,000) duplicate pads, bearing the Reseda Clinic’s address. The cost of the two
7 thousand duplicate pads was charged to Anush Dartyan’s personal Mastercard.

8 D. At all times relevant, Respondent’s DEA registration bore his former Beverly Hills
9 business address, at which he was no longer practicing. As noted in paragraph (C), above, in
10 mid-2008, respondent ordered duplicate prescription pads in his name, bearing the addresses of
11 the Van Nuys Clinic and the Reseda Clinic, although he was not an owner of, employee of, or
12 practitioner at either of those clinics. Moreover, Respondent instructed Superior Press to deliver
13 said duplicate pads via overnight mail.

14 E. At no time has Respondent ever obtained authority from the DEA to prescribe
15 Schedule II narcotics.

16 F. Respondent’s DEA registration expired on June 30, 2009 and was never renewed by
17 Respondent.

18 G. Prior to June 2, 2009, Respondent’s Practice Monitor, Martin C. Schulman, M.D.,
19 reviewed two months of sent-in chart notes regarding Respondent’s patients at the Reseda Clinic.
20 On June 2, 2009, Dr. Schulman performed a four-hour site visit at the Reseda Clinic, reviewing
21 additional patient charts, assessing the premises, and interviewing Respondent regarding the
22 practice organization, appointment procedures, handling of prescription drugs, record-keeping
23 and file storage. At the conclusion of the site visit, Dr. Schulman reported to Respondent’s
24 Probation Monitor that Respondent’s practice had *“all the appearances of an ‘OxyContin mill.’”*

25 H. On February 23, 2010, Dr. Schulman made another site visit to the Reseda Clinic, at
26 which time he again interviewed Respondent and reviewed nine patient charts. Based upon his
27 review of previously-sent-in chart notes from June, 2009 through November, 2009, the nine
28 patient charts reviewed at the February 23, 2010 site visit, and his interview of Respondent, Dr.

1 Schulman reported, to Respondent's Probation Monitor, various irregularities in Respondent's
2 practice, among them: Respondent continued to write prescriptions for Schedule II prescription
3 narcotics into October, 2009 despite knowledge that his DEA registration did not authorize him to
4 write such prescriptions.

5 I. As set forth in the Second, Fifth, Eighth, Eleventh, Twelfth and Sixteenth Causes to
6 Revoke Probation, Respondent continued to prescribe Schedule II narcotics into March, 2010.

7 J. In formal interviews with Board investigators on April 28, 2010 and July 1, 2010,
8 Respondent stated, falsely, that he had ceased prescribing Schedule II narcotics in October, 2009.

9 K. As set forth herein, Respondent has engaged in the unlawful prescribing of Schedule
10 II narcotics, in violation of the federal Controlled Substances Act, federal regulations and the
11 California Uniform Controlled Substances Act, all in violation of the State Medical Practice Act
12 (Business and Professions Code, Division 2, Chapter 5). Moreover, said conduct involves acts of
13 dishonesty which are substantially related to the qualifications, functions, or duties of a physician
14 and surgeon.

15 31. By virtue of the foregoing, Respondent has, during his probationary period, engaged
16 in unprofessional conduct pursuant to Code sections 2234, subdivisions (a) and (e), and section
17 2238. As such, Respondent has violated Condition No. 9.

18 SECOND CAUSE TO REVOKE PROBATION

19 (Gross Negligence: No Records-Patient VC)

20 32. Respondent's probation is subject to revocation because he failed to comply with
21 Condition No. 9, referenced above. The facts and circumstances regarding this violation are as
22 follows:

23 A. Respondent treated Patient VC, a 44-year-old female, between October 12, 2009 and
24 March 31, 2010. On October 12, 2009, he prescribed 100 tablets of Hydrocodone, 7.5 mg, a
25 Schedule II narcotic. On March 1, 2010, he again prescribed 100 tablets of Hydrocodone, 7.5
26 mg, this time with one refill. On March 26, 2010, he again prescribed 100 tablets of
27 Hydrocodone, 7.5 mg, this time with two refills. On March 31, 2010, he prescribed 60 tablets of
28 Diazepam, 10 mg, a Schedule IV controlled substance.

1 B. Respondent has no records whatsoever of his treatment of Patient VC.

2 33. By virtue of the foregoing, Respondent has, during his probationary period, engaged
3 in unprofessional conduct (gross negligence) pursuant to Code section 2234, subdivision (b),
4 thereby violating Condition No. 9.

5 THIRD CAUSE TO REVOKE PROBATION

6 (Violation of Federal and State Laws: No Records- patient VC)

7 34. Respondent's probation is subject to revocation because he failed to comply with
8 Condition No. 9, referenced above. The facts and circumstances regarding this violation are as
9 follows:

10 35. Complainant incorporates the allegations set forth in paragraphs 32(A) and 32(B),
11 above.

12 36. Respondent's conduct constitutes violations of the following laws: 21 U.S.C. section
13 822, 21 CFR section 1301.11, 21 CFR section 1306.03, 21 CFR section 1306.12, and Health &
14 Safety Code sections 11152, 11171, 11190 and 11191.

15 37. By virtue of the foregoing, Respondent has, during his probationary period, engaged in
16 conduct which constitutes unprofessional conduct (violation of federal and state laws) pursuant to
17 Code section 2238, thereby violating Condition No. 9.

18 FOURTH CAUSE TO REVOKE PROBATION

19 (Failure to Maintain Adequate and Accurate Records: No Records- Patient VC)

20 38. Respondent's probation is subject to revocation because he failed to comply with
21 Condition No. 9, referenced above. The facts and circumstances regarding this violation are as
22 follows:

23 A. Complainant incorporates herein the allegations set forth in paragraphs 32(A) and
24 32(B), above.

25 39. By virtue of the foregoing, Respondent has, during his probationary period, engaged
26 in unprofessional conduct (failure to adequate and accurate records) pursuant to Code section
27 2266, thereby violating Condition No. 9.
28

1 FIFTH CAUSE TO REVOKE PROBATION

2 (Gross Negligence: No Records- Patient NM)

3 40. Respondent's probation is subject to revocation because he failed to comply with
4 Condition No. 9, referenced above. The facts and circumstances regarding this violation are as
5 follows:

6 A. Respondent treated Patient NM, a 31-year-old female, between September 25, 2009
7 and March 5, 2010. On September 25, 2009, Respondent prescribed 200 tablets of Hydrocodone,
8 10 mg, a Schedule II narcotic, with two refills. On October 20, 2009, Respondent prescribed 200
9 tablets of Hydrocodone, 10 mg. On November 13, 2009, Respondent prescribed 200 tablets of
10 Hydrocodone, 10 mg, with one refill. On December 30, 2009, Respondent prescribed 200 tablets
11 of Hydrocodone, 10 mg, with two refills. On February 1, 2010, Respondent prescribed 200 tablets
12 of Hydrocodone, 10 mg with three refills. On March 5, 2010, Respondent prescribed 150 tablets
13 of Hydrocodone, 10 mg, with four refills.

14 B. Respondent has no records whatsoever regarding his treatment of Patient NM.

15 41. By virtue of the foregoing, Respondent has, during his probationary period, engaged
16 in unprofessional conduct (gross negligence) pursuant to Code section 2234, subdivision (b),
17 thereby violating Condition No. 9.

18 SIXTH CAUSE TO REVOKE PROBATION

19 (Violation of Federal and State Laws: No Records- patient NM)

20 42. Respondent's probation is subject to revocation because he failed to comply with
21 Condition No. 9, referenced above. The facts and circumstances regarding this violation are as
22 follows:

23 43. Complainant incorporates the allegations set forth in paragraphs 40(A) and 40(B),
24 above.

25 44. Respondent's conduct constitutes violations of the following laws: 21 U.S.C. section
26 822, 21 CFR section 1301.11, 21 CFR section 1306.03, 21 CFR section 1306.12, and Health &
27 Safety Code sections 11152, 11171, 11190 and 11191.
28

1 45. By virtue of the foregoing, Respondent has, during his probationary period, engaged in
2 conduct which constitutes unprofessional conduct (violation of federal and state laws) pursuant to
3 Code section 2238, thereby violating Condition No. 9.

4 SEVENTH CAUSE TO REVOKE PROBATION

5 (Failure to Maintain Adequate and Accurate Records: No Records- Patient NM)

6 46. Respondent's probation is subject to revocation because he failed to comply with
7 Condition No. 9, referenced above. The facts and circumstances regarding this violation are as
8 follows:

9 A. Complainant incorporates herein the allegations set forth in paragraphs 40(A) and
10 40(B), above.

11 47. By virtue of the foregoing, Respondent has, during his probationary period, engaged
12 in unprofessional conduct (failure to maintain adequate and accurate records) pursuant to Code
13 section 2266, thereby violating Condition No. 9.

14 EIGHTH CAUSE TO REVOKE PROBATION

15 (Gross Negligence: No Records- Patient BH)

16 48. Respondent's probation is subject to revocation because he failed to comply with
17 Condition No. 9, referenced above. The facts and circumstances regarding this violation are as
18 follows:

19 A. On July 3, 2009, Respondent treated Patient BH, a 25-year-old male, at the Van Nuys
20 Clinic. Patient BH had traveled from Crescent City, California to Respondent's office in Van
21 Nuys to obtain a prescription. Respondent prescribed 90 tablets of OxyContin, 80 mg, a Schedule
22 II narcotic, and 30 tablets of Motrin, 400 mg. The prescriptions were filled by Patient BH at a
23 pharmacy in Atascadero, California the same day.

24 B. Respondent has no records whatsoever regarding his treatment of Patient BH.

25 49. By virtue of the foregoing, Respondent has, during his probationary period, engaged
26 in unprofessional conduct (gross negligence) pursuant to Code section 2234, subdivision (b),
27 thereby violating Condition No. 9.

1 NINTH CAUSE TO REVOKE PROBATION

2 (Violation of Federal and State Laws: No Records- patient BH)

3 50. Respondent's probation is subject to revocation because he failed to comply with
4 Condition No. 9, referenced above. The facts and circumstances regarding this violation are as
5 follows:

6 51. Complainant incorporates the allegations set forth in paragraphs 48(A) and 48(B),
7 above.

8 52. Respondent's conduct constitutes violations of the following laws: 21 U.S.C. section
9 822, 21 CFR section 1301.11, 21 CFR section 1306.03, 21 CFR section 1306.12, and Health &
10 Safety Code sections 11152, 11171, 11190 and 11191.

11 53. By virtue of the foregoing, Respondent has, during his probationary period, engaged in
12 conduct which constitutes unprofessional conduct (violation of federal and state laws) pursuant to
13 Code section 2238, thereby violating Condition No. 9.

14 TENTH CAUSE TO REVOKE PROBATION

15 (Failure to Maintain Adequate and Accurate Records: No Records- Patient BH)

16 54. Respondent's probation is subject to revocation because he failed to comply with
17 Condition No. 9, referenced above. The facts and circumstances regarding this violation are as
18 follows:

19 A. Complainant incorporates herein the allegations set forth in paragraphs 48(A) and
20 48(B), above.

21 55. By virtue of the foregoing, Respondent has, during his probationary period, engaged
22 in unprofessional conduct (failure to maintain adequate and accurate records) pursuant to Code
23 section 2266, thereby violating Condition No. 9.

24 ELEVENTH CAUSE TO REVOKE PROBATION

25 (Gross Negligence- Patient IF)

26 56. Respondent's probation is subject to revocation because he failed to comply with
27 Condition No. 9, referenced above. The facts and circumstances regarding this violation are as
28 follows:

1 A. Respondent treated Patient IF, a 51-year-old female, between August 18, 2009 and
2 February 11, 2010. Patient IF reported that she had been taking OxyContin for the last two
3 years, and brought a copy of a two-year-old prescription for OxyContin, 80 mg., quantity 90,
4 from another physician. Respondent did not consult with the other physician, whom Patient IF
5 identified, nor did he obtain any records from said physician or any prescription bottles for the
6 two-year intervening period. Moreover, he failed to question Patient IF to determine whether
7 other physicians were involved in her care, and failed to consult the CURES database to
8 determine whether Patient IF was receiving prescriptions from other physicians. He had Patient
9 IF sign a Consent for Chronic Opioid Therapy, and ordered an abdominal aortic ultrasound,
10 abdominal ultrasound, renal ultrasound and thyroid ultrasound, all of which were performed on
11 August 18, 2009. On August 18, 2009, Respondent prescribed 60 tablets of OxyContin, 80 mg., a
12 Schedule II narcotic, for back pain and hip pain.

13 B. Respondent failed to determine whether Patient IF was being treated elsewhere, and
14 failed to determine whether she was receiving prescriptions from other physicians.

15 57. By virtue of the foregoing, Respondent has, during his probationary period, engaged
16 in unprofessional conduct (gross negligence) pursuant to Code section 2234, subdivision (b),
17 thereby violating Condition No. 9.

18 TWELFTH CAUSE TO REVOKE PROBATION

19 (Gross Negligence- Patient IF)

20 58. Respondent's probation is subject to revocation because he failed to comply with
21 Condition No. 9, referenced above. The facts and circumstances regarding this violation are as
22 follows:

23 A. Complainant incorporates herein the allegations set forth in paragraph 56(A), above.

24 B. Respondent has no records of any of his post-August 18, 2009 treatment with Patient
25 IF. However, a CURES Report dated April 22, 2010, shows that Respondent prescribed 45
26 tablets of Acetaminophen/Codeine, 300 mg./30 mg., to Patient IF on three occasions between
27 December 21, 2009 and February 11, 2010.

1 59. By virtue of the foregoing, Respondent has, during his probationary period, engaged
2 in unprofessional conduct (gross negligence) pursuant to Code section 2234, subdivision (b),
3 thereby violating Condition No. 9.

4 THIRTEENTH CAUSE TO REVOKE PROBATION

5 (Violation of Federal and State Laws: Inadequate Records- Patient IF)

6 60. Respondent's probation is subject to revocation because he failed to comply with
7 Condition No. 9, referenced above. The facts and circumstances regarding this violation are as
8 follows:

9 61. Complainant incorporates the allegations set forth in paragraphs 56(A) and 58(B),
10 above.

11 62. Respondent's conduct constitutes violations of the following laws: 21 U.S.C. section
12 822, 21 CFR section 1301.11, 21 CFR section 1306.03, 21 CFR section 1306.12, and Health &
13 Safety Code sections 11152, 11171, 11190 and 11191.

14 63. By virtue of the foregoing, Respondent has, during his probationary period, engaged in
15 conduct which constitutes unprofessional conduct (violation of federal and state laws) pursuant to
16 Code section 2238, thereby violating Condition No. 9.

17 FOURTEENTH CAUSE TO REVOKE PROBATION

18 (Failure to Maintain Adequate and Accurate Records- Patient IF)

19 64. Respondent's probation is subject to revocation because he failed to comply with
20 Condition No. 9, referenced above. The facts and circumstances regarding this violation are as
21 follows:

22 A. Complainant incorporates herein the allegations set forth in paragraphs 56(A) and
23 58(B), above.

24 65. By virtue of the foregoing, Respondent has, during his probationary period, engaged
25 in unprofessional conduct (failure to maintain adequate and accurate records) pursuant to Code
26 section 2266, thereby violating Condition No. 9.

1 FIFTEENTH CAUSE TO REVOKE PROBATION

2 (Repeated Negligent Acts- Patient IF)

3 66. Respondent's probation is subject to revocation because he failed to comply with
4 Condition No. 9, referenced above. The facts and circumstances regarding this violation are as
5 follows:

6 A. Complainant incorporates herein the allegations set forth in paragraph 56(A) and
7 58(B), above.

8 B. On August 18, 2009, Respondent failed to obtain an adequate history from Patient IF
9 prior to prescribing OxyContin to Patient IF.

10 C. On August 18, 2009, Respondent failed to perform an adequate physical examination
11 of Patient IF prior to prescribing OxyContin to Patient IF.

12 D. On August 18, 2009, Respondent failed to document, in Patient IF's chart, that he
13 obtained an adequate history or performed an adequate physical examination prior to prescribing
14 OxyContin to Patient IF.

15 E. On August 18, 2009, Respondent failed to determine whether Patient IF was being
16 treated elsewhere, and failed to determine whether she was receiving prescriptions from other
17 physicians.

18 F. On August 18, 2009, Respondent ordered medical testing, in the form of the
19 ultrasound tests identified above, without documenting the medical necessity for said tests.

20 G. Respondent failed to maintain any records whatsoever regarding his post-August 18,
21 2009 treatment of Patient IF, or of the prescriptions he issued to patient IF between December 21,
22 2009 and February 11, 2010.

23 67. By virtue of the foregoing, Respondent has, during his probationary period, engaged
24 in unprofessional conduct (repeated negligent acts) pursuant to Code section 2234, subdivision
25 (c), thereby violating Condition No. 9.

1 SIXTEENTH CAUSE TO REVOKE PROBATION

2 (Gross Negligence- Patient PW)

3 68. Respondent's probation is subject to revocation because he failed to comply with
4 Condition No. 9, referenced above. The facts and circumstances regarding this violation are as
5 follows:

6 A. Respondent treated Patient PW, a 55-year-old female, between January 7, 2009 and
7 March 9, 2010. Patient PW reported that she had been taking OxyContin since 2006.
8 Respondent did not consult with any other of Patient PW's physicians, nor did he obtain any
9 records for said other physicians or any prescription bottles for the three-year intervening period.
10 Moreover, he failed to question Patient PW to determine whether other physicians were involved
11 in her care, and failed to consult the CURES database to determine if Patient PW was receiving
12 prescriptions from other physicians. Respondent had Patient PW sign a Consent for Chronic
13 Opioid Therapy and, during the course of the treatment, he ordered an abdominal aortic
14 ultrasound, and abdominal ultrasound and echocardiograms, all of which were performed. On
15 January 7, 2009, Respondent prescribed 90 tablets of OxyContin, 80 mg, a Schedule II narcotic.
16 On February 10, 2009, Respondent prescribed 90 tablets of OxyContin, 80 mg. On March 11,
17 2009, Respondent prescribed 90 tablets of OxyContin, 80 mg. On August 6, 2009, Respondent
18 prescribed 90 tablets of OxyContin, 80 mg. On September 8, 2009, Respondent prescribed 90
19 tablets of OxyContin, 80 mg.

20 B. According to a CURES Report dated April 22, 2010, Respondent also prescribed
21 Hydrocodone, a Schedule II narcotic, to Patient PW as follows: On October 23, 2009,
22 Respondent prescribed 90 tablets of Hydrocodone, 10 mg. On February 1, 2010, Respondent
23 prescribed 60 tablets of Hydrocodone, 10 mg. On February 8, 2010, Respondent prescribed 10
24 tablets of Hydrocodone, 10 mg, with one refill. On February 18, 2010, Respondent prescribed 90
25 tablets of Hydrocodone, 10 mg. On March 5, 2010, Respondent prescribed 60 tablets of
26 Hydrocodone, 10 mg, with two refills.

27 C. According to a CURES Report dated April 22, 2010, Respondent also prescribed 60
28 tablets of Acetaminophen/Codeine, 300 mg/60 mg on November 16, 2009.

1 D. Respondent failed to determine whether Patient PW was being treated elsewhere, and
2 failed to determine whether she was receiving prescriptions from other physicians.

3 69. By virtue of the foregoing, Respondent has, during his probationary period, engaged
4 in unprofessional conduct (gross negligence) pursuant to Code section 2234, subdivision (b),
5 thereby violating Condition No. 9.

6 SEVENTEENTH CAUSE TO REVOKE PROBATION

7 (Gross Negligence- Patient PW)

8 70. Respondent's probation is subject to revocation because he failed to comply with
9 Condition No. 9, referenced above. The facts and circumstances regarding this violation are as
10 follows:

11 A. Complainant incorporates herein the allegations set forth in paragraphs 68(A), 68(B)
12 and 68(C), above.

13 B. Respondent's thirty-eight (38) pages of certified records, regarding his treatment of
14 Patient PW, contain no reference to the six prescriptions issued to patient PW between October
15 23, 2009 and March 5, 2010, nor do they reflect any office visits or other treatment on the dates
16 said prescriptions were issued.

17 71. By virtue of the foregoing, Respondent has, during his probationary period, engaged
18 in unprofessional conduct (gross negligence) pursuant to Code section 2234, subdivision (b),
19 thereby violating Condition No. 9.

20 EIGHTEENTH CAUSE TO REVOKE PROBATION

21 (Violation of Federal and State Laws: Inadequate Records- Patient PW)

22 72. Respondent's probation is subject to revocation because he failed to comply with
23 Condition No. 9, referenced above. The facts and circumstances regarding this violation are as
24 follows:

25 73. Complainant incorporates the allegations set forth in paragraphs 68(A), 68(B), 68(C)
26 and 70(B), above.

1 74. Respondent's conduct constitutes violations of the following laws: 21 U.S.C. section
2 822, 21 CFR section 1301.11, 21 CFR section 1306.03, 21 CFR section 1306.12, and Health &
3 Safety Code sections 11152, 11171, 11190 and 11191.

4 75. By virtue of the foregoing, Respondent has, during his probationary period, engaged in
5 conduct which constitutes unprofessional conduct (violation of federal and state laws) pursuant to
6 Code section 2238, thereby violating Condition No. 9.

7 NINETEENTH CAUSE TO REVOKE PROBATION

8 (Failure to Maintain Adequate and Accurate Records- Patient PW)

9 76. Respondent's probation is subject to revocation because he failed to comply with
10 Condition No. 9, referenced above. The facts and circumstances regarding this violation are as
11 follows:

12 A. Complainant incorporates herein the allegations set forth in paragraphs 68(A), 68(B),
13 68(C) and 70(B), above.

14 77. By virtue of the foregoing, Respondent has, during his probationary period, engaged
15 in unprofessional conduct (failure to maintain adequate and accurate records) pursuant to Code
16 section 2266, thereby violating Condition No. 9.

17 TWENTIETH CAUSE TO REVOKE PROBATION

18 (Gross Negligence- Patient PW)

19 78. Respondent's probation is subject to revocation because he failed to comply with
20 Condition No. 9, referenced above. The facts and circumstances regarding this violation are as
21 follows:

22 A. Complainant incorporates herein the allegations set forth in paragraphs 68(A), 68(B)
23 and 68(C), above.

24 B. During the course of treatment, Respondent failed to make appropriate treatment
25 changes, particularly given that Patient PW's level of pain continued to remain the same,
26 according to Respondent's chart entries.

1 79. By virtue of the foregoing, Respondent has, during his probationary period, engaged
2 in unprofessional conduct (gross negligence) pursuant to Code section 2234, subdivision (b),
3 thereby violating Condition No. 9.

4 TWENTY-FIRST CAUSE TO REVOKE PROBATION

5 (Repeated Negligent Acts- Patient PW)

6 80. Respondent's probation is subject to revocation because he failed to comply with
7 Condition No. 9, referenced above. The facts and circumstances regarding this violation are as
8 follows:

9 A. Complainant incorporates herein the allegations set forth in paragraphs 68(A), 68(B),
10 68(C) and 70(B), above.

11 B. On January 7, 2009, Respondent failed to obtain an adequate history from Patient PW
12 prior to prescribing OxyContin to Patient PW.

13 C. On January 7, 2009, Respondent failed to perform an adequate physical examination
14 of Patient PW prior to prescribing OxyContin to Patient PW.

15 D. On January 7, 2009, Respondent failed to document, in Patient PW's chart, that he
16 obtained an adequate history or performed an adequate physical examination prior to prescribing
17 OxyContin to Patient PW.

18 E. On January 7, 2009, Respondent failed to determine whether Patient PW was being
19 treated elsewhere, and failed to determine whether she was receiving prescriptions from other
20 physicians.

21 F. During the course of treatment, Respondent ordered medical testing, in the form of
22 the ultrasound tests and echocardiograms identified above, without documenting the medical
23 necessity for said tests.

24 G. Respondent failed to maintain any records whatsoever regarding the six prescriptions
25 he issued to Patient PW on October 23, 2009, November 16, 2009, February 1, 2010, February 8,
26 2010, February 18, 2010 and March 5, 2010.

1 H. During the course of his treatment of Patient PW, Respondent failed to make
2 appropriate treatment changes, particularly given that PW's level of pain continued to remain the
3 same, according to Respondent's chart entries.

4 81. By virtue of the foregoing, Respondent has, during his probationary period, engaged
5 in unprofessional conduct (repeated negligent acts) pursuant to Code section 2234, subdivision
6 (c), thereby violating Condition No. 9.

7 TWENTY-SECOND CAUSE TO REVOKE PROBATION

8 (Violation of Law: Incompetence)

9 82. Respondent's probation is subject to revocation because he failed to comply with
10 Condition No. 9, referenced above. The facts and circumstances regarding this violation are as
11 follows:

12 A. Complainant incorporates herein the allegations set forth in paragraphs 30 through 81,
13 above, in their entirety.

14 83. By virtue of the foregoing, Respondent has, during his probationary period, engaged
15 in unprofessional conduct (incompetence) pursuant to Code section 2234, subdivision (d), thereby
16 violating Condition No. 9.

17 TWENTY-THIRD CAUSE TO REVOKE PROBATION

18 (Violation of Law: Dishonesty/Corruption)

19 84. Respondent's probation is subject to revocation because he failed to comply with
20 Condition No. 9, referenced above. The facts and circumstances regarding this violation are as
21 follows:

22 A. Complainant incorporates herein the allegations set forth in paragraphs 30 through 81,
23 above, in their entirety.

24 85. By virtue of the foregoing, Respondent has, during his probationary period, engaged
25 in unprofessional conduct (dishonesty or corruption substantially related to the qualifications,
26 functions or duties of a physician and surgeon) pursuant to Code section 2234, subdivision (e),
27 thereby violating Condition No. 9.

1 TWENTY-FOURTH CAUSE TO REVOKE PROBATION

2 (Cost Recovery)

3 86. Respondent's probation is subject to revocation because he failed to comply with
4 Condition No. 16, referenced above. The facts and circumstances regarding this violation are as
5 follows:

6 A. Respondent has failed to timely pay all of his annual installments for reimbursement
7 of the Board's investigative and prosecution costs. Respondent is presently in arrears for same in
8 the amount of \$ 21,009.92.

9 87. By virtue of the foregoing, and pursuant to Condition No. 15, Respondent has
10 violated the terms of his probation.

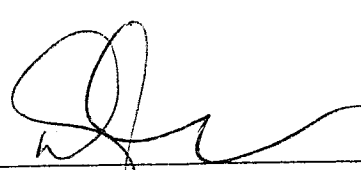
11 PRAYER

12 WHEREFORE, Petitioner requests that a hearing be held on the matters herein alleged, and
13 that following the hearing, the Medical Board of California issue a decision:

14 1. Revoking the probation that was granted by the Medical Board of California in Case
15 No. 18-1998-83221 and imposing the disciplinary order that was stayed thereby revoking
16 Physician's and Surgeon's Certificate No. A 41879 issued to Abasali K. Amir-Jahed, M.D.; and

17 2. Taking such other and further action as deemed necessary and proper.

18
19 DATED: June 9, 2011

20 
21 LINDA K. WHITNEY
22 Executive Director
23 Medical Board of California
24 Department of Consumer Affairs
25 State of California
26 Petitioner

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25 50829784.doc

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**BEFORE THE
DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation
Against:

A. K. Amir-Jahed M.D.

Physician's and Surgeon's
Certificate No. A 41879

Respondent

)
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)
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) File No. 18-1998-83221
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DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Division of Medical Quality of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on September 9, 2002

IT IS SO ORDERED August 8, 2002.

MEDICAL BOARD OF CALIFORNIA

By: 

Hazem H. Chehabi, M.D. Chair
Panel A
Division of Medical Quality

1 BILL LOCKYER, Attorney General
of the State of California
2 MARY AGNES MATYSZEWSKI, State Bar No. 137858
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Attorneys for Complainant

8
9 **BEFORE THE**
DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

13 A. K. Amir-Jahed, M.D.
439 No. Doheny Dr., #207
14 Beverly Hills, CA 90210

15 Physician's and Surgeon's Certificate
No. A 41879

16 Respondent.
17

Case No. 18-1998-83221

OAH No. L-1999-080349

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

18
19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the
20 above-entitled proceedings that the following matters are true:

21 PARTIES

22 1. Complainant Ron Joseph is the Executive Director of the Medical Board of
23 California. He brought this action solely in his official capacity and is represented in this matter
24 by Bill Lockyer, Attorney General of the State of California, by Mary Agnes Matyszewski,
25 Deputy Attorney General.

26 2. Respondent A. K. Amir-Jahed, M.D. (Respondent) is represented in this
27 proceeding by attorney John D. Harwell, whose address is 225 27th Street, Manhattan Beach,
28 CA 90266.

1 3. On or about July 9, 1985, the Medical Board of California issued
2 Physician's and Surgeon's Certificate Number A 41879 to Respondent. The Physician's and
3 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein
4 and will expire on March 31, 2003 unless renewed.

5 JURISDICTION

6 4. Accusation No. 18-1998-83221 was filed before the Division of Medical
7 Quality, Medical Board of California of the Department of Consumer Affairs ("Division"), and is
8 currently pending against Respondent. The Accusation and all other statutorily required
9 documents were properly served on Respondent on April 4, 2001. Respondent timely filed his
10 Notice of Defense contesting the Accusation. A copy of Accusation No. 18-1998-83221 is
11 attached as exhibit A and incorporated herein by reference.

12 ADVISEMENT AND WAIVERS

13 5. Respondent has carefully read, fully discussed with counsel, and
14 understands the charges and allegations in Accusation No. 18-1998-83221. Respondent has also
15 carefully read, fully discussed with counsel, and understands the effects of this Stipulated
16 Settlement and Disciplinary Order.

17 6. Respondent is fully aware of his legal rights in this matter, including the
18 right to a hearing on the charges and allegations in the Accusation; the right to be represented by
19 counsel at his own expense; the right to confront and cross-examine the witnesses against him; the
20 right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to
21 compel the attendance of witnesses and the production of documents; the right to reconsideration
22 and court review of an adverse decision; and all other rights accorded by the California
23 Administrative Procedure Act and other applicable laws.

24 7. Respondent voluntarily, knowingly, and intelligently waives and gives up
25 each and every right set forth above.

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27 ///

28 ///

1 CULPABILITY

2 8. Respondent admits Complainant can establish a prima facie case in support
3 of Accusation No. 18-1998-83221.

4 9. Respondent agrees that his license is subject to discipline and he agrees to
5 be bound by the Division's imposition of discipline as set forth in the Disciplinary Order below.

6 CONTINGENCY

7 10. The parties understand and agree that facsimile or other copies of this
8 Stipulated Settlement and Disciplinary Order, including the signatures thereto, shall have the same
9 force and effect as the originals.

10 11. In consideration of the foregoing admissions and stipulations, the parties
11 agree that the Division may, without further notice or formal proceeding, issue and enter the
12 following Disciplinary Order:

13 DISCIPLINARY ORDER

14 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate Number A
15 41879 issued to Respondent is revoked. However, the revocation is stayed and Respondent is
16 placed on probation for ten (10) years on the following terms and conditions.

17 Within 15 days after the effective date of this decision the respondent shall provide
18 the Division, or its designee, proof of service that respondent has served a true copy of this
19 decision on the Chief of Staff or the Chief Executive Officer at every hospital where privileges or
20 membership are extended to respondent or at any other facility where respondent engages in the
21 practice of medicine and on the Chief Executive Officer at every insurance carrier where
22 malpractice insurance coverage is extended to respondent.

23 1. ACTUAL SUSPENSION As part of probation, respondent is suspended
24 from performing any surgeries until he has successfully completed the PACE Program as outlined
25 in Paragraph 2 below.

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2. PHYSICIAN ASSESSMENT AND CLINICAL EDUCATION

PROGRAM Within 90 days from the effective date of this decision, respondent, at his/her expense, shall enroll in The Physician Assessment and Clinical Education Program at the University of California, San Diego School of Medicine (hereinafter the "PACE Program"). The PACE Program consists of the Comprehensive Assessment Program which is comprised of two mandatory components: Phase 1 and Phase 2. Phase 1 is a two-day program which assesses physical and mental health; neuropsychological performance; basic clinical and communication skills common to all clinicians; and medical knowledge, skill and judgment pertaining to the specialty or sub-specialty of the respondent. After the results of Phase 1 are reviewed, respondent shall complete Phase 2. Phase 2 comprises five (5) days (40 hours) of Clinical Education in respondent's field of specialty. The specific curriculum of Phase 2 is designed by PACE Faculty and the Department or Division of respondent's specialty, and utilizes data obtained from Phase 1. After respondent has completed Phase 1 and Phase 2, the PACE Evaluation Committee will review all results and make a recommendation to the Division or its designee as to whether further education, clinical training (including scope and length), treatment of any medical and/or psychological condition and any other matters affecting respondent's practice of medicine will be required or recommended. The Division or its designee may at any time request information from PACE regarding the respondent's participation in PACE and/or information derived therefrom. The Division may order respondent to undergo additional education, medical and/or psychological treatment based upon the recommendations received from PACE.

Upon approval of the recommendation by the Division or its designee, respondent shall undertake and complete the recommended and approved PACE Program. At the completion of the PACE Program, respondent shall submit to an examination on its contents and substance. The examination shall be designed and administered by the PACE Program faculty. Respondent shall not be deemed to have successfully completed the program unless he/she passes the examination. Respondent agrees that the determination of the PACE Program faculty as to

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1 whether or not he passed the examination and/or successfully completed the PACE Program
2 shall be binding.

3 Respondent shall complete the PACE Program no later than six months after his
4 initial enrollment unless the Division or its designee agrees in writing to a later time for
5 completion.

6 If respondent successfully completes the PACE Program, including the
7 examination referenced above, he agrees to cause the PACE Program representative to forward a
8 Certification of Successful Completion of the program to the Division or its designee. If
9 respondent fails to successfully complete the PACE Program within the time limits outlined
10 above, he shall be suspended from the practice of medicine.

11 Failure to participate in, and successfully complete all phases of the PACE
12 Program, as outlined above, shall constitute a violation of probation.

13 3. ACTUAL SUSPENSION As part of probation, respondent is suspended
14 from medicine until he has successfully completed (1) the PACE Records Keeping Course,
15 (2) an Ethics course, (3) has employed a neutral third party to handle and perform all of his
16 billings and collections functions, and (4) has retained a physician to monitor his practice, all as
17 outlined in Paragraphs 4, 5, 6 and 7 below.

18 4. PACE RECORDS KEEPING COURSE Within 90 days from the effective
19 date of this decision, respondent, at his expense, shall enroll in the PACE Records Keeping
20 Course. At the completion of the PACE Records Keeping Course, respondent shall submit to
21 examination on its contents and substance. The examination shall be designed and administered
22 by the PACE Program faculty. Respondent shall not be deemed to have successfully completed
23 the program unless he passes the examination. Respondent agrees that the determination of the
24 PACE Program faculty as to whether or not he passed the examination and/or successfully
25 completed the PACE Program shall be binding.

26 Respondent shall complete the PACE Records Keeping Course no later than six
27 months after his initial enrollment unless the Division or its designee agrees in writing to a later
28 time for completion. If respondent successfully completes the PACE Records Keeping course,

1 including the examination referenced above, he agrees to cause the PACE Program
2 representative to forward a Certification of Successful Completion of the program to the Division
3 or its designee. If respondent fails to successfully complete the PACE Program within the time
4 limits outlined above, he shall be suspended from the practice of medicine.

5 Failure to participate in, and successfully complete all phases of the PACE
6 Records keeping Course, as outlined above, shall constitute a violation of probation.

7 5. ETHICS COURSE Within 90 days from the effective date of this Order,
8 respondent shall submit to the Division or its designee proof of successfully completing a pre-
9 approved Ethics course. The completion of this course shall be in addition to the Continuing
10 Medical Education requirements for re-licensure. Following the completion of this course, the
11 Division or its designee may administer an examination to test respondent's knowledge of the
12 course.

13 6. BILLING MONITORING Within thirty (30) days of the effective date of
14 this decision, respondent shall submit to the Division or its designee for its prior approval a plan
15 of practice in which respondent's practice shall be monitored by a neutral, third party billing
16 entity which shall handle all aspects of respondent's billings and collections for treatment of his
17 patients. This entity may be required to provide periodic reports to the Division or its designee.

18 If the billing monitor resigns or is no longer available, respondent shall, within
19 fifteen (15) days, move to have a new billing monitor appointed, through nomination by
20 respondent and approval by the Division or its designee.

21 7. MONITORING Within thirty (30) days of the effective date of this
22 decision, respondent shall submit to the Division or its designee for its prior approval a plan of
23 practice in which respondent's practice shall be monitored by another physician in respondent's
24 field of practice, who shall provide periodic reports to the Division or its designee.

25 If the monitor resigns or is no longer available, respondent shall, within fifteen
26 (15) days, move to have a new monitor appointed, through nomination by respondent and
27 approval by the Division or its designee.

28 ///

1 8 SUPERVISION OF PHYSICIAN ASSISTANTS During probation,
2 respondent is prohibited from supervising physician assistants.

3 9. OBEY ALL LAWS Respondent shall obey all federal, state and local
4 laws, all rules governing the practice of medicine in California, and remain in full compliance
5 with any court ordered criminal probation, payments and other orders.

6 10. QUARTERLY REPORTS Respondent shall submit quarterly
7 declarations under penalty of perjury on forms provided by the Division, stating whether there
8 has been compliance with all the conditions of probation.

9 11. PROBATION SURVEILLANCE PROGRAM COMPLIANCE
10 Respondent shall comply with the Division's probation surveillance program. Respondent shall,
11 at all times, keep the Division informed of his business and residence addresses which shall both
12 serve as addresses of record. Changes of such addresses shall be immediately communicated in
13 writing to the Division. Under no circumstances shall a post office box serve as an address of
14 record, except as allowed by Business and Professions Code section 2021(b).

15 Respondent shall, at all times, maintain a current and renewed physician's and
16 surgeon's license.

17 Respondent shall also immediately inform the Division, in writing, of any travel
18 to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more
19 than thirty (30) days.

20 12. INTERVIEW WITH THE DIVISION, ITS DESIGNEE OR ITS
21 DESIGNATED PHYSICIAN(S) Respondent shall appear in person for interviews with the
22 Division, its designee or its designated physician(s) upon request at various intervals and with
23 reasonable notice.

24 13. TOLLING FOR OUT-OF-STATE PRACTICE, RESIDENCE OR IN-
25 STATE NON-PRACTICE In the event respondent should leave California to reside or to
26 practice outside the State or for any reason should respondent stop practicing medicine in
27 California, respondent shall notify the Division or its designee in writing within ten (10) days of
28 the dates of departure and return or the dates of non-practice within California. Non-practice is

1 defined as any period of time exceeding thirty (30) days in which respondent is not engaging in
2 any activities defined in Sections 2051 and 2052 of the Business and Professions Code. All time
3 spent in an intensive training program approved by the Division or its designee shall be
4 considered as time spent in the practice of medicine. A Board-ordered suspension of practice
5 shall not be considered as a period of non-practice. Periods of temporary or permanent residence
6 or practice outside California or of non-practice within California, as defined in this condition,
7 will not apply to the reduction of the probationary order.

8 14. COMPLETION OF PROBATION Upon successful completion of
9 probation, respondent's certificate shall be fully restored.

10 15. VIOLATION OF PROBATION If respondent violates probation in any
11 respect, the Division, after giving respondent notice and the opportunity to be heard, may revoke
12 probation and carry out the disciplinary order that was stayed. If an accusation or petition to
13 revoke probation is filed against respondent during probation, the Division shall have continuing
14 jurisdiction until the matter is final, and the period of probation shall be extended until the matter
15 is final.

16 16. COST RECOVERY The respondent is hereby ordered to reimburse the
17 Division the amount of \$56,711.10, of which \$1,752.90 is directly due and payable to the
18 Attorney General's Office for its copying costs, within ninety (90) days of the effective date of
19 this decision for its investigative and prosecution costs. The remaining costs may be paid in
20 equal annual installments over the course of respondent's probation. Failure to reimburse the
21 Division's cost of investigation and prosecution shall constitute a violation of the probation order,
22 unless the Division agrees in writing to payment by an installment plan because of financial
23 hardship. The filing of bankruptcy by the respondent shall not relieve the respondent of his
24 responsibility to reimburse the Division for its investigative and prosecution costs.

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1 17. PROBATION COSTS Respondent shall pay the costs associated with
2 probation monitoring each and every year of probation, as designated by the Division, which are
3 currently set at \$2,488, but may be adjusted on an annual basis. Such costs shall be payable to
4 the Division of Medical Quality and delivered to the designated probation surveillance monitor
5 no later than January 31 of each calendar year. Failure to pay costs within 30 days of the due
6 date shall constitute a violation of probation.

7 18. LICENSE SURRENDER Following the effective date of this decision, if
8 respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy
9 the terms and conditions of probation, respondent may voluntarily tender his certificate to the
10 Board. The Division reserves the right to evaluate the respondent's request and to exercise its
11 discretion whether to grant the request, or to take any other action deemed appropriate and
12 reasonable under the circumstances. Upon formal acceptance of the tendered license, respondent
13 will not longer be subject to the terms and conditions of probation.

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ACCEPTANCE


I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, John D. Harwell. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Division.

DATED: 3/29/02


A. K. Amir-Jahed, M.D.
Respondent

I have read and fully discussed with Respondent the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 3/29/02


JOHN D. HARWELL
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Division.

DATED: 4-2-02

BILL LOCKYER, Attorney General
of the State of California


MARY ANNE MATYSKIW
Deputy Attorney General
Attorneys for Complainant

Exhibit A'
Accusation No. 18-1998-83221

EXHIBIT A

1 BILL LOCKYER, Attorney General
of the State of California
2 STEVEN H. Zeigen
Deputy Attorney General, State Bar No.60225
3 Department of Justice
110 West A Street, Suite 1100
4 Post Office Box 85266
San Diego, California 92186-5266
5 Telephone: (619) 645-2074

6 Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO May 27 19 99
BY Victoria ANALYST

7
8 **BEFORE THE**
9 **DIVISION OF MEDICAL QUALITY**
10 **MEDICAL BOARD OF CALIFORNIA**
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

11 In the Matter of the Accusation) NO. 18-1998-83221
Against:)

12 A.K. AMIR-JAHED, M.D.) **ACCUSATION**
13 439 No. Doheny Dr., #207)
14 Beverly Hills, CA 90210)
15 Physician's and Surgeon's)
Certificate No. A 41897)

16 Respondent.)
17)

18 Complainant Ron Joseph, as cause for disciplinary
19 action, alleges as follows:

20 **PARTIES**

21 1. Complainant Ron Joseph is the Executive Director of
22 the Medical Board of California ("Board") and makes and files
23 this Accusation solely in his official capacity.

24 **LICENSE STATUS**

25 2. On or about July 9, 1985, Physician's and Surgeon's
26 Certificate No. A 41897 was issued by the Board to A.K.
27 Amir-Jahed, M.D. ("respondent"), and at all times relevant

1 herein, said Physician's and Surgeon's Certificate was, and
2 currently is, in full force and effect. Unless it has been
3 renewed, respondent's license expired on March 31, 1999.

4 **JURISDICTION**

5 3. This Accusation is made in reference to the
6 following statutes of the California Business and Professions
7 Code ("Code"):

8 A. Section 2227 of the Code provides that a
9 licensee who is found guilty under the Medical Practice Act
10 may have his license revoked, suspended for a period not to
11 exceed one year, placed on probation and required to pay the
12 costs of probation monitoring, or such other action taken in
13 relation to discipline as the Division deems proper.

14 B. Section 2234 of the Code provides that
15 unprofessional conduct includes, but is not limited to, the
16 following:

17 ". . . .

18 "(b) Gross negligence.

19 "(c) Repeated negligent acts.

20 "(d) Incompetence.

21 "(e) The commission of any act involving
22 dishonesty or corruption which is substantially
23 related to the qualifications, functions, or
24 duties of a physician and surgeon.

25 ". . . ."

26 C. Section 810(a) of the Code provides, in part
27 that it shall constitute unprofessional conduct and grounds

1 for disciplinary action, including suspension or revocation of a
2 license or certificate, for a health care professional to do any
3 of the following in connection with his professional activities:

4 (1) Knowingly present or cause to be
5 presented any false or fraudulent claim for the payment
6 of a loss under a contract of insurance.

7 (2) Knowingly prepare, make, or subscribe
8 any writing, with intent to present or use the same, or
9 to allow it to be presented or used in support of any
10 such claim.

11 D. Section 2261 of the Code provides that
12 knowingly making or signing any certificate or other
13 document directly or indirectly related to the practice of
14 medicine which falsely represents the existence or
15 nonexistence of a state of facts, constitutes unprofessional
16 conduct.

17 E. Section 2262 of the Code provides that
18 altering or modifying the medical record of any person, with
19 fraudulent intent, or creating any false medical record,
20 with fraudulent intent, constitutes unprofessional conduct.

21 In addition to any other disciplinary action, the
22 Division of Medical Quality may impose a civil penalty of
23 five hundred dollars (\$500) for a violation of this section.

24 F. Section 2273 of the Code provides that the
25 employment of runners, cappers, steerers, or other persons
26 to procure patients constitutes unprofessional conduct.

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G. Section 125.3 of the Code provides, in part, that the Board may request the administrative law judge to direct any licensee found to have committed a violation or violations of the licensing act, to pay to the Board a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

7 4. Section 14124.12(a) of the Welfare and Institutions
8 Code provides, in pertinent part, that the Department of Health
9 Services may not reimburse any Medi-Cal claim for the type of
10 surgical service or invasive procedure that gave rise to the
11 probation, that was performed by the licensee on or after the
12 effective date of probation and until the termination of all
13 probationary terms and conditions or until the probationary
14 period has ended, whichever occurs first.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

17 5. Respondent A.K. Amir-Jahed, M.D., is subject to
18 disciplinary action on account of the following:

Patient V.N.

20 A. On or about June 15, 1996, V.N. (of San Jose,
21 California) went to respondent to have a tummy tuck.

22 B. Respondent examined V.N., and created records
23 which reflected that she complained of a lump in her lower
24 belly that "comes and goes and hurts." He diagnosed a
25 ventral hernia.

26 C. In fact, V.N. had experienced no problems
27 with a hernia nor any pain or discomfort in her lower

1 abdomen as recorded by respondent. She went to respondent
2 for a tummy tuck and knew that respondent was going to bill
3 her insurance carrier for this cosmetic procedure.

4 D. Respondent created records which reflected
5 that he performed a ventral hernia repair on June 17, 1996.
6 No samples were sent to pathology. Respondent billed V.
7 N.'s insurer \$5,136 for performing this procedure. Neither
8 the surgical report of the hernia repair nor the bill to the
9 insurer reflect the abdominoplasty surgery which respondent
10 performed on June 17, 1996.

11 E. Respondent also performed an abdominoplasty
12 on June 17, 1996. V.N. paid respondent \$1,500 for this
13 procedure.

14 F. In late 1997, V.N. contacted a woman named
15 H.-T. regarding additional cosmetic surgery to be performed
16 by respondent. V.N. had learned of H.-T. as a connection to
17 respondent, who had performed cosmetic surgeries on some
18 acquaintances of V.N. H.-T. recommended respondent for the
19 breast augmentation surgery in which V.N. expressed
20 interest.

21 G. H.-T. told V.N. that respondent would pay for
22 V.N.'s flight to southern California and for hotel
23 accommodations, that the surgery would only cost V.N. the
24 price of the implants themselves, and that V.N.'s insurance
25 would pay for the surgery.

26 H. When V.N. arrived in southern California, she
27 was picked up at the airport by a woman (not H.-T.) and

1 taken for a blood test and a mammogram. V.N. was then taken
2 to a hotel room. On or about January 11, 1997, V.N. paid
3 respondent \$1,000 cash for the breast implants and received
4 a receipt.

5 I. On January 11, 1997, H.-T. came to V.N.'s
6 room and took her to respondent's office. This date was the
7 first time V.N. saw respondent. V.N. did not tell
8 respondent that she had found any lumps in her breasts nor
9 that she was experiencing any problems. No photographs were
10 taken either before or after the surgery.

11 J. Respondent told V.N. that he would perform
12 biopsies while he was performing the breast augmentation
13 procedure to make sure that everything was normal.
14 Respondent said that performing the biopsies was routine.
15 V.N. signed a consent for the biopsies.

16 K. On or about January 11, 1997, respondent
17 performed a bilateral breast augmentation procedure, as well
18 as bilateral biopsies, on V.N. Respondent never provided V.
19 N. with the biopsy results.

20 L. About three days after the surgery, V.N.
21 noticed that her nipples were very small and that the right
22 nipple had disappeared; she saw tissue on her bandages when
23 she changed them.

24 M. V.N. had been instructed to call H.-T.'s
25 pager, not respondent, if she had any questions or problems,
26 and paged H.-T. immediately. V.N. asked to speak with
27 respondent. H.-T. told V.N. that was not possible, not

1 to worry, and that her nipples would look larger after they
2 had healed.

3 N. H.-T. called V.N. back, saying that she had
4 spoken with respondent. H.-T. said that the right nipple,
5 which had fallen off after respondent's surgery, could be
6 restored with a small procedure.

7 O. In the months that followed, V.N. found lumps
8 and bubbles in her breasts as well. She spoke with H.-T.
9 several times attempting to set up another surgery, but
10 V.N. could not get another appointment. H.-T. stopped
11 returning V.N.'s calls in around summer 1997. V.N. went to
12 another physician, Dr. D.

13 P. After V.N. filed a lawsuit against
14 respondent, H.-T. contacted V.N. to say that respondent was
15 willing to fix the problem. H.-T. told V.N. that Ha T. was
16 paid by respondent for finding patients and arranging
17 surgeries.

18 Patient M.N.

19 Q. M.N., a resident of Houston, Texas, had
20 bilateral breast biopsies and augmentation mammoplasty
21 performed by respondent on July 26, 1996.

22 R. Before the procedure, M.N. paid respondent
23 \$1,560 for "cosmetic" (presumably for the breast implants),
24 and signed an information sheet for patients considering
25 saline-filled implants.

26 S. Respondent took a history and performed a
27 physical examination. There is no mention of breast

1 implants as a part of the procedure to be performed.

2 Rather, respondent lists a pre-op diagnosis of fibrocystic
3 disease of breasts and the procedure to be performed as
4 excisional biopsies of breasts and excision of a cyst in the
5 right breast.

6 T. A mammogram was performed on July 25, 1996,
7 and read by radiologist Dr. P. Dr. P. reported there were
8 no malignancies, and the breasts were "dense."

9 U. Respondent executed a "Physician Attestation
10 Statement" under penalty of perjury which stated that the
11 primary diagnosis was "fibrocystic disease, breasts."

12 V. Respondent prepared a surgery report of the
13 procedure he performed on July 26, 1996, which omitted
14 mention of any breast augmentations.

15 6. Respondent A.K. Amir-Jahed, M.D., is subject to
16 disciplinary action for unprofessional conduct in that he was
17 grossly negligent in his care and treatment of V.N. and M.N., in
18 violation of Code section 2234(b), in that:

19 A. Paragraph 5 above is hereby realleged and
20 incorporated by this reference as if fully set forth at this
21 point.

22 Patient V.N.

23 B. On January 11, 1997, respondent performed a
24 bilateral breast biopsy on V.N. without a medical indication
25 for the express purpose of falsely billing V.N.'s insurer
26 for the cosmetic breast augmentation procedure which was the
27 true reason for surgery.

1 C. Respondent falsified V.N.'s medical records
2 to reflect that there were lumps and nodes in her breasts as
3 well as a brownish discharge from her right nipple when, in
4 truth and in fact, V.N. had no such symptoms.

5 D. In June 1996, respondent performed a hernia
6 surgery on V.N. without medical indication for the express
7 purpose of falsely billing V.N.'s insurer for the
8 abdominoplasty which was the true purpose of the surgery.

9 E. Respondent created false and misleading
10 medical records to show that the hernia repair surgery was
11 medically necessary and concealed the fact that he had
12 performed an abdominoplasty done solely for cosmetic
13 purposes.

14 Patient M.N.

15 F. On July 26, 1996, respondent performed
16 bilateral excisional biopsy surgery on M.N. without medical
17 indication, and for the express purpose of falsely billing
18 M.N.'s insurer for the cosmetic surgery breast augmentation
19 procedure which was the true reason for the surgery.

20 G. Respondent created false and misleading
21 medical records which reflected that based on medical
22 indication, he performed bilateral excisional biopsy surgery
23 on July 26, 1996, when in fact no medical indication for the
24 surgery existed at that time.

25 H. Respondent concealed the true purpose of the
26 July 26, 1996, surgery from M.N.'s medical insurer to
27 bolster the likelihood that he would be paid for the

1 medically unnecessary biopsy surgery which he performed on
2 that date.

3 **SECOND CAUSE FOR DISCIPLINE**

4 (Repeated Negligent Acts)

5 7. Respondent A.K. Amir-Jahed, M.D., is subject to
6 disciplinary action for unprofessional conduct in that he
7 committed repeated negligent acts in his care and treatment of V.
8 N. and M.N., in violation of Code section 2234(c), in that:

9 A. Paragraph 5 above is hereby realleged and
10 incorporated by this reference as if fully set forth at this
11 point.

12 Patient V.N.

13 B. On January 11, 1997, respondent performed a
14 bilateral breast biopsy on V.N. without a medical indication
15 for the express purpose of falsely billing V.N.'s insurer
16 for the cosmetic breast augmentation procedure which was the
17 true reason for surgery.

18 C. Respondent falsified V.N.'s medical records
19 to reflect that there were lumps and nodes in her breasts as
20 well as a brownish discharge from her right nipple when, in
21 truth and in fact, V.N. had no such symptoms.

22 D. In June 1996, respondent performed a hernia
23 surgery on V.N. without medical indication for the express
24 purpose of falsely billing V.N.'s insurer for the
25 abdominoplasty which was the true purpose of the surgery.

26 E. Respondent created false and misleading
27 medical records to show that the hernia repair surgery was

1 medically necessary and concealed the fact that he had
2 performed an abdominoplasty done solely for cosmetic
3 purposes.

4 F. Respondent's records falsely show that V.N.
5 decided to have the breast augmentation surgery on the day
6 of her biopsy surgery. If this were true, respondent's
7 agreeing to a patient's wish to have a cosmetic surgical
8 procedure "on the spur of the moment" is improper.

9 G. Respondent performed the nipple surgery by
10 improperly making incisions all around the nipple areola
11 complex so as to cut off the blood supply, thereby
12 contributing to the loss of V.N's right nipple.

13 H. Respondent failed to take a frozen section of
14 breast tissue and analyze the pathology findings prior to
15 performing the augmentation surgery.

16 Patient M.N.

17 I. Respondent created false and misleading
18 medical records which reflected that based on medical
19 indication, he performed bilateral excisional biopsy surgery
20 on July 26, 1996, when in fact no medical indication for the
21 surgery existed at that time.

22 J. Respondent concealed the true purpose of the
23 July 26, 1996, surgery from M.N.'s medical insurer to
24 bolster the likelihood that he would be paid for the
25 medically unnecessary biopsy surgery which he performed on
26 that date.

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1 C. Respondent falsified V.N.'s medical records
2 to reflect that there were lumps and nodes in her breasts as
3 well as a brownish discharge from her right nipple when, in
4 truth and in fact, V.N. had no such symptoms.

5 D. In June 1996, respondent performed a hernia
6 surgery on V.N. without medical indication for the express
7 purpose of falsely billing V.N.'s insurer for the
8 abdominoplasty which was the true purpose of the surgery.

9 E. Respondent created false and misleading
10 medical records to show that the hernia repair surgery
11 was medically necessary and concealed the fact that he
12 had performed an abdominoplasty done solely for
13 cosmetic purposes.

14 Patient M.N.

15 F. On July 26, 1996, respondent performed
16 bilateral excisional biopsy surgery on M.N., without medical
17 indication, and for the express purpose of falsely billing
18 M.N.'s insurer for the cosmetic surgery breast augmentation
19 procedure which was the true reason for the surgery.

20 G. Respondent created false and misleading
21 medical records which reflected that based on medical
22 indication, he performed bilateral excisional biopsy surgery
23 on July 26, 1996, when in fact no medical indication for the
24 surgery existed at that time.

25 H. Respondent concealed the true purpose of the
26 July 26, 1996, surgery from M.N.'s medical insurer to
27 bolster the likelihood that he would be paid for the

1 medically unnecessary biopsy surgery which he performed on
2 that date.

3 **FIFTH CAUSE FOR DISCIPLINE**

4 (False Statements)

5 10. Respondent A.K. Amir-Jahed, M.D., is subject to
6 disciplinary action for unprofessional conduct in that he
7 knowingly made or signed a certificate or other document directly
8 or indirectly related to the practice of medicine which falsely
9 represented the existence or nonexistence of a state of facts in
10 his care and treatment of V.N. and M.N., in violation of Code
11 section 2261, in that:

12 A. Paragraph 5 above is hereby realleged and
13 incorporated by this reference as if fully set forth at this
14 point:

15 Patient V.N.

16 B. Respondent performed a bilateral breast
17 biopsy without medical indication, unnecessarily, and to
18 allow him to improperly bill V.N.'s insurer for the cosmetic
19 breast augmentation procedure which was the true reason for
20 surgery.

21 C. Respondent falsified V.N.'s medical records
22 to reflect that there were lumps and nodes in her breasts as
23 well as a brownish discharge from her right nipple, when in
24 fact V. N. had no such symptoms, and respondent did not
25 report them to her when he examined her before the surgery.

26 D. Respondent performed the June, 1996, hernia
27 surgery without medical indication, unnecessarily, and

1 solely for the purpose of falsely billing V.N.'s
2 insurer for the abdominoplasty which was the true purpose of
3 the surgery.

4 E. Respondent created false and misleading
5 medical records to show that the hernia repair surgery was
6 medically necessary, and concealed the fact that he had
7 performed an abdominoplasty done solely for cosmetic
8 purposes.

9 Patient M.N.

10 F. Respondent performed bilateral excisional
11 biopsy surgery on M.N., on July 26, 1996, without medical
12 indication, unnecessarily, and for the purpose of concealing
13 from her insurer the true cosmetic purpose of the surgery on
14 that date.

15 G. Respondent created false and misleading
16 medical records which reflected that based on medical
17 indication, he performed bilateral excisional biopsy surgery
18 on July 26, 1996, when in fact no medical indication for the
19 surgery existed at that time.

20 H. By creating separate records for the biopsy
21 and augmentation, respondent concealed the true purpose of
22 the July 26, 1996, surgery from M.N.'s medical insurer to
23 bolster the likelihood that he would be paid for the
24 medically unnecessary biopsy surgery which he performed on
25 that date.

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1 medically necessary and concealed the fact that he had
2 performed an abdominoplasty done solely for cosmetic
3 purposes.

4 Patient M.N.

5 F. On July 26, 1996, respondent performed
6 bilateral excisional biopsy surgery on M.N. without medical
7 indication, and for the express purpose of falsely billing
8 M.N.'s insurer for the cosmetic surgery breast augmentation
9 procedure which was the true reason for the surgery.

10 G. Respondent created false and misleading
11 medical records which reflected that based on medical
12 indication, he performed bilateral excisional biopsy surgery
13 on July 26, 1996, when in fact no medical indication for the
14 surgery existed at that time.

15 H. Respondent concealed the true purpose of the
16 July 26, 1996, surgery from M.N.'s medical insurer to
17 bolster the likelihood that he would be paid for the
18 medically unnecessary biopsy surgery which he performed on
19 that date.

20 **SEVENTH CAUSE FOR DISCIPLINE**

21 (Insurance Fraud)

22 12. Respondent A.K. Amir-Jahed, M.D., is subject to
23 disciplinary action for unprofessional conduct in that he
24 committed insurance fraud in his care and treatment of V.N. and
25 M.N., in violation of Code section 810(a), in that:

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1 A. Paragraph 5 above is hereby realleged and
2 incorporated by this reference as if fully set forth at this
3 point.

4 Patient V.N.

5 B. On January 11, 1997 respondent performed a
6 bilateral breast biopsy on V.N. without a medical indication
7 for the express purpose of falsely billing V.N.'s insurer
8 for the cosmetic breast augmentation procedure which was the
9 true reason for surgery.

10 C. Respondent falsified V.N.'s medical records
11 to reflect that there were lumps and nodes in her breasts as
12 well as a brownish discharge from her right nipple when, in
13 truth and in fact, V.N. had no such symptoms.

14 D. In June 1996, respondent performed a hernia
15 surgery on V.N. without medical indication for the express
16 purpose of falsely billing V.N.'s insurer for the
17 abdominoplasty which was the true purpose of the surgery.

18 E. Respondent created false and misleading
19 medical records to show that the hernia repair surgery was
20 medically necessary and concealed the fact that he had
21 performed an abdominoplasty done solely for cosmetic
22 purposes.

23 Patient M.N.

24 F. On July 26, 1996, respondent performed
25 bilateral excisional biopsy surgery on M.N. without medical
26 indication, and for the express purpose of falsely billing
27 M.N.'s insurer for the cosmetic surgery breast augmentation

1 procedure which was the true reason for the surgery.

2 G. Respondent created false and misleading
3 medical records which reflected that based on medical
4 indication, he performed bilateral excisional biopsy surgery
5 on July 26, 1996, when in fact no medical indication for the
6 surgery existed at that time.

7 H. Respondent concealed the true purpose of the
8 July 26, 1996, surgery from M.N.'s medical insurer to
9 bolster the likelihood that he would be paid for the
10 medically unnecessary biopsy surgery which he performed on
11 that date.

12 **EIGHTH CAUSE FOR DISCIPLINE**

13 (Use of Cappers or Steerers)

14 13. Respondent A.K. Amir-Jahed, M.D., is subject to
15 disciplinary action for unprofessional conduct in that he
16 committed unprofessional by employing runners, cappers, steerers,
17 or other persons to procure patients in violation of Code section
18 2273, in that:

19 A. Paragraph 5 above is hereby realleged and
20 incorporated by this reference as if fully set forth at this
21 point.

22 B. Respondent employed H.-T. who acted as a
23 runner, capper, procurer on behalf of respondent in
24 obtaining V.N., as a patient for respondent.

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1 **PRAYER**

2 WHEREFORE, complainant requests that a hearing be held
3 on the matters alleged herein, and that following said hearing,
4 the Board issue a decision:


5 1. Revoking, suspending, or otherwise imposing
6 discipline upon Physician's and Surgeon's Certificate No. 41897
7 issued to respondent A.K. Amir-Jahed, M.D.;

8 2. Awarding the Board its costs of investigation and
9 prosecution as provided by statute and requiring respondent to
10 pay the costs of probation monitoring, if he is placed on
11 probation;

12 3. Imposing a civil penalty of \$500 for each
13 violation of Code section 2262 found by the Board in its
14 decision; and

15 4. Taking such other and further action as the Board
16 deems proper.

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18 DATED: May 27, 1999
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22 Ron Joseph
23 Executive Director
24 Medical Board of California
25
26 Complainant
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